

APPLICATION FOR DESIGNATION TO IDENTIFY ANIMALS
UNDER ACT 309, PA. ~~OF~~ 1939, ~~AS~~ AMENDED

PRINT OR TYPE

Name: _____

Current Michigan Veterinary License Number (if applicable): _____

Name of Clinic/Facility (if applicable): _____

Address: _____
 Number Street City Zip Code County

Telephone Number _____

Describe experience working with animals: _____

INSURANCE INFORMATION:

I have insurance to protect the public in case an untoward event occurs in association with the identifying of an animal.

Yes _____ No _____

My Insurance Company is: _____

My Policy Number is: _____

My Agent's Name, Address, and Telephone Number is: _____

STATEMENT OF CERTIFICATION:

I certify that the above information is true and correct and that I have read and agree to abide by Act 309 of 1939, as amended, and the requirements set forth by the Michigan Department of Agriculture.

Signature of Applicant _____ Date: _____

Return this form to:

Michigan Department of Agriculture
Animal Industry Division
P.O. Box 30017
Lansing, MI 48909

Copies of Act 309, P.A. 1939, as amended, and Michigan Department of Agriculture requirements are attached.